

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Bob Fitrakis					
Full Name US Bank			Registration Number, if PAC N/A		
Address P.O. Box 1800		Type* Interest	M 0	D 6	Y 3016
City St. Paul		State MN	Zip Code 55101		Amount 0.04
Form (Cash, Check, etc.) Direct deposit					
Full Name					
Address			Registration Number, if PAC		
City		Type*	M	D	Y
State		Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Address			Registration Number, if PAC		
City		Type*	M	D	Y
State		Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Address			Registration Number, if PAC		
City		Type*	M	D	Y
State		Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Address			Registration Number, if PAC		
City		Type*	M	D	Y
State		Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Address			Registration Number, if PAC		
City		Type*	M	D	Y
State		Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Address			Registration Number, if PAC		
City		Type*	M	D	Y
State		Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Address			Registration Number, if PAC		
City		Type*	M	D	Y
State		Zip Code	Amount		
Form (Cash, Check, etc.)					

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Total: \$0.04